

Foreword

A Broader Definition of Women's Health

Historically, the concept of “women’s health” was limited to reproductive health and focused nearly exclusively on the reproductive and maternal health needs of women. It was assumed that, except for the differences in reproductive functions, men and women were biologically the same. Over time, this assumption severely limited the knowledge of the distinct health care needs of women. Important biological differences between women and men were left undiscovered. For example, heart disease has traditionally been viewed as a “man’s disease”, yet more women die each year of heart disease than men.

During the last century, women’s health was significantly influenced by two major trends. First, women’s health greatly improved with an increase in planned pregnancies and fewer births. Complications due to childbirth were once a leading cause of death for

women. (Fig. 1) In 1900, the average woman had eight children compared to today’s woman who has an average of two. Infant mortality rates were also ten times greater than the current rate. Great strides have been made in reducing both infant and maternal mortality rates in the last century.

Second, the average woman’s life expectancy increased 30 years. With this increase in longevity, the average woman will live approximately one-third of her life post-menopausal. With the onset of estrogen loss, women experience a wide range of physical and mental symptoms that can occur over a ten-year time frame. Conditions such as a decline in mental acuity, an increase in bone weakness, and a heightened risk of heart disease are but a few of the consequences of menopause. Whereas women’s health was generally associated with reproductive and maternal health, equal importance must now be given to a woman’s midlife and elder years.

**Figure 1.
U.S. Women**

	<u>1900's</u>	<u>1990's</u>
Primary Cause of Death	TB and child birth	Heart Disease
Age at Death	48.3	79
Average Number of Children	8	2
Infant Mortality Rates	124 to 158 per 1,000	7 to 14 per 1,000
Number in Work Force	Not Counted	43%
Eligible Voters	0%	52% of U.S. Population

SOURCE: U.S. Office of Women's Health and the FDA History Office

Aging itself, has become a woman's health issue.

Today's definition of women's health includes health concerns not only unique to women, but also conditions more prevalent among women or those of a more serious nature to women. (Fig. 2) As such, the definition of women's health is increasingly discussed in a larger context of social, economic and political influences. Women make 75 percent of the household spending decisions, including when family members go to the doctor or respond to emergency situations. Much is being learned about how women access the healthcare system, what influences their treatment choices and how healthcare is delivered differently for men and women. Research published in the last decade has also shown that patterns of care are often quite different for men and women with apparently similar problems. For example, women get more prescriptions, whereas men get more tests and referrals to specialists.

The Changing Face of Kentucky's Women

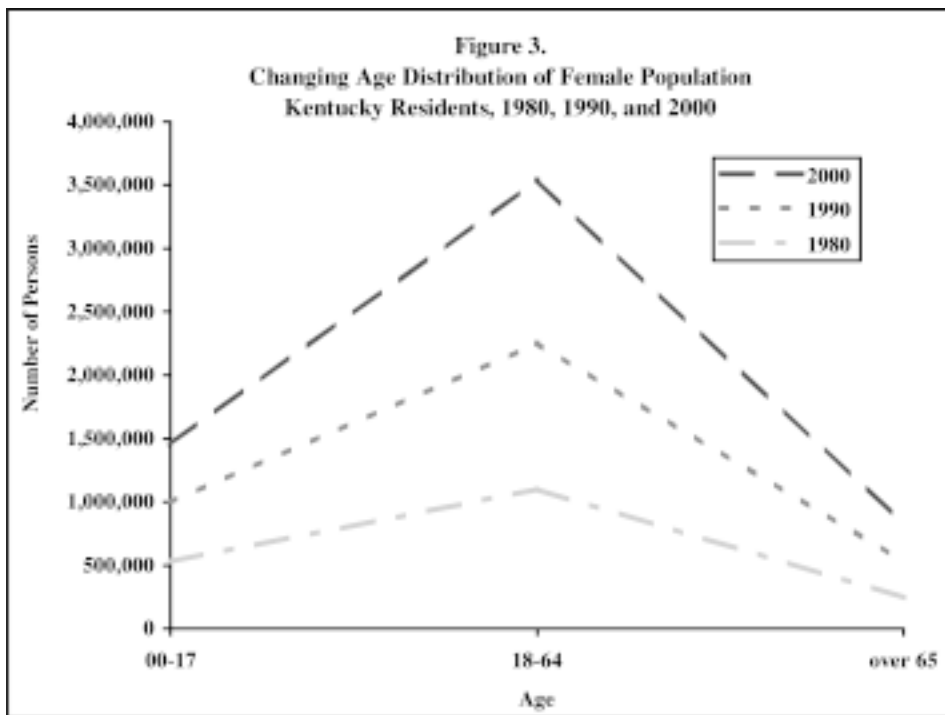
Demographics of women in Kentucky are changing along with the rest of the nation. Most noticeably, our female population is growing older and comprising a larger portion of those over 45. According to the 2000 Census, Kentucky's adult population (men and women) between ages 45 and 54 grew 46 percent from 1990 to 2000, compared to only a 7.5 percent increase the previous decade.

The sharp incline in citizens in the 18-64 year old age group (Fig. 3) includes the "baby boom" generation and includes many women who will enter retirement age within the next ten years. Issues affecting quality of life for this age group will continue to be a prominent public policy issue. Access to healthcare, prescription benefits, Medicare and long-term care services will all factor significantly into the quality of life realized by elderly women in Kentucky (see *Chapter 11*:

Figure 2.

"Women's health care refers to the prevention, screening, diagnosis, and management of conditions that are unique to women, more prevalent to women, more serious among women, have different risk factors for women, and/or require different interventions in women... this broad definition serves to distinguish women's health care from the narrower concept of reproductive health care."

-- American College of Physicians



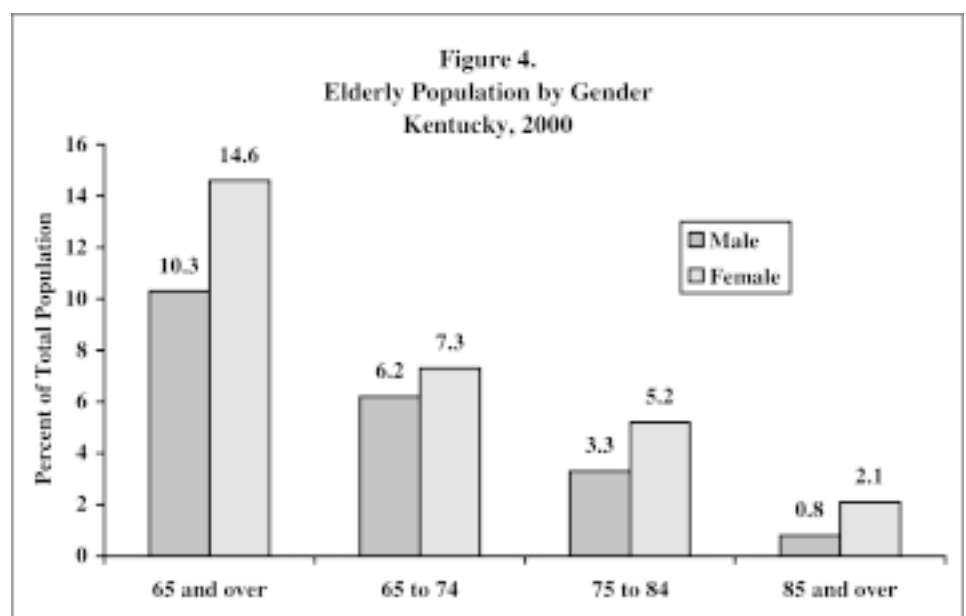
SOURCE: U.S. Census Bureau, 2000

aging women due to its traditional emphasis on maternal and childbirth issues. Once women reach middle age, their healthcare needs shift from primarily reproductive in nature to those more chronic in nature, such as arthritis and diabetes. Lifestyle factors begin to play a more significant role in a woman's health as years of poor diet, smoking and sedentary lifestyle increase the risk of chronic conditions. As the population continues to age, it will be increasingly important to focus on *preventive* healthcare measures that will benefit a woman not only during her childbearing years, but for her entire life span.

Health Issues Facing the Aging Woman).

Women live longer than men by an average of seven years. They also comprise a greater percentage of the population for every age group over the age of 65. (Fig. 4) It is estimated that by the year 2030, approximately one in four women in this country will be over the age of 65. It will be challenging for the public health system to serve

In addition to an aging population, Kentucky has a changing racial and ethnic profile, however, not to the degree seen nationally. Caucasians continue to represent 90 percent of the population of Kentucky compared to 75 percent nationally. (Fig. 5) But increases in minority populations in Kentucky are significant and will continue. During the last decade, the growth rate of Kentucky's non-white citizens, in all racial



SOURCE: U.S. Census Bureau, 2000

**Figure 5.
Population Quick Facts, Kentucky, 2000**

<u>Characteristic</u>	<u>Kentucky</u>	<u>US</u>
Population 2000	4,041,769	281,421,906
Population, percent change, 1990 – 2000	9.6	13.1
Female population, percent 2000	51.1	50.9
Females, 65 years and over, percent 2000	7.4	7.3
African-American persons, percent 2000	7.3	12.3
Caucasian persons, percent 2000	90.0	75.1
Persons of Latino or Hispanic Origin, percent 2000	1.5	12.5

SOURCE: U.S. Census Bureau, 2000

**Figure 6.
Profile of General Demographic Characteristics for Kentucky
1990, 2000 and Change 1990-2000**

Race	1990	2000	Change	
			Number	Percent
White	3,391,832	3,640,889	249,057	7.3
African American	262,907	295,994	33,087	12.6
American Indian & Alaskan Native	5,769	8,616	2,847	49.3
Asian	16,983	29,744	12,761	75.1
Hispanic or Latino	21,984	59,939	37,955	172.6
Native Hawaiian & Other Pacific Islander	829	1,460	631	76.1

SOURCE: U.S. Census Bureau, 2000

and ethnic groups, exceeded that of whites although the actual numbers are small in comparison to the growth in whites. The African American population increased 12.6 percent and the Hispanic (or Latino) population increased 172.6, compared to a 7.3 percent increase in the state's white population. (Fig. 6)

Kentucky's Office of Women's Health

The federal government opened an Office of Women's Health in 1991 to bring awareness to the unique health care needs of women across their life span. Today, nearly all U. S. Public Health Service agencies have an office to coordinate research, education and services geared specifically to women.

In Kentucky, the Office of Women's Physical and Mental Health opened in October, 2000

as the result of 1998 legislation that addressed a range of women's issues. Our mission is to improve the health and well-being of all Kentucky women. The office has two main functions. First, the office is to serve as a repository of data on women's health and to make recommendations for improving the collection, analysis and reporting of women's health data. Data will be published and available to the public, hopefully on a biennial basis. This report, *Kentucky Women's Health 2002: Data, Developments and Decisions*, is the first such report to be issued. It is intended not only to educate professionals and the public about Kentucky women's health, but also to establish the office as the principal clearinghouse for data on women's health.

Second, the office is to administer a Women's Health

Resource Center to educate women about the importance of preventive healthcare. We do this through our web site at <http://chs.state.ky.us/womenshealth>, educational offerings, exhibits, editorials, fact sheets and speaking engagements. Our theme is consistent in all our outreach efforts: – *good health is a habit that requires daily awareness*. Important lifestyle choices made every day determine to a great degree a woman's chance of living a healthy life.

About this Report

Kentucky Women's Health 2002: Data, Developments and Decisions is a compilation of national and Kentucky-specific health statistics and important developments in the areas of highest importance to women's health. It reflects the collaborative input from many within both the public and private healthcare delivery system. In creating the report we acknowledged that it would be easier to obtain public health data than data from private sources and easier to obtain data on physical health than mental health. We have tried to use the most recent sources available and where appropriate, compare Kentucky's statistics with national or regional ones. Most data is not available by county, but much of it is available by Area Development Districts (ADDs). We relied heavily upon data available through the Kentucky Department for Public Health, and dug deep into the Behavioral Risk Factor Surveillance Survey (BRFSS) to determine trends in women's screening rates and general health.

Aiding us along the way was a diverse and experienced Task Group comprised of individuals both within and outside state government. Their insights and suggestions were very helpful in our efforts to "re-set the standard of public health reporting." We acknowledge them publicly in this report, but hope that our "thank you's" linger with them for a much longer time. As with any large-scale project, there is one person who does the lion-share of work. Melissa Adkisson, MHA, Executive Staff Advisor, aptly filled that role for the better part of a year for the development of this report. She single handedly wrote much of what you will read and diligently researched topics looking for comparisons between Kentucky and the Nation, other states, and regions within Kentucky.

Kentucky Women's Health 2002: Data, Developments and Decisions represents the most comprehensive assessment of Kentucky women's health to date. We encourage you to learn from it, make use of it in your professional and personal lives, and find ways to join us in improving the health and well-being of one of Kentucky's greatest assets – our women.



Gwendolyn Mayes, JD, MMSc
Executive Director
Office of Women's Physical
and Mental Health